



## PARKING REGISTRATION FORM

### NEW REGISTRATION FOR NURSING STUDENTS AND FACULTY INSTRUCTORS

Name: \_\_\_\_\_

Title: \_\_\_\_\_

School: \_\_\_\_\_

Badge ID # (if known): \_\_\_\_\_

Department Name(s): \_\_\_\_\_

Permit # (if applicable): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parking Assignment: \_\_\_\_\_

**Vehicle 1**

License Plate #	Make	Model	Color	Year	State

**Vehicle 2**

License Plate #	Make	Model	Color	Year	State

I hereby attest that I have read, understood, and will adhere to Highland Hospital's established parking guidelines. I acknowledge my responsibility to comply with these standards and ensure that my actions align with the stated requirements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_